

107TH CONGRESS
1ST SESSION

H. R. 75

To amend the Public Health Service Act with respect to mental health services for children, adolescents and their families.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2001

Ms. JACKSON-LEE of Texas introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to mental health services for children, adolescents and their families.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Give a Kid a Chance
5 Omnibus Mental Health Services Act of 2001”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) At least one in five children and adolescents
9 has a diagnosable mental, emotional, or behavioral
10 problem that can lead to school failure, alcohol or

1 other drug use, violence, or suicide. Mental disorders
2 that begin early in life have a strong effect on future
3 educational success. Adolescent emotional problems
4 may increase the likelihood of risk-taking behaviors,
5 including gun violence, drug abuse, reckless driving,
6 and early sexual activity.

7 (2) From a public health promotion/disease pre-
8 vention perspective, it is noteworthy that children
9 and adolescents with mental illnesses often don't be-
10 come substance abusers until 5 to 10 years after the
11 mental illness becomes apparent. This creates a win-
12 dow of opportunity during which time it may be pos-
13 sible to prevent substance abuse from occurring in
14 these children.

15 (3) The interaction of multiple factors has in-
16 creased the overall number of children suffering
17 from psychological, emotional and behavioral dis-
18 orders. Children as a group suffer from poverty at
19 a higher rate than all other age groups. More than
20 one in three children are raised in single-parent
21 households. Children over the age of 10 years are
22 frequently caring for themselves after school and
23 sometimes into the evening before their parents or
24 other caregivers arrive. These factors create greater
25 problems with children's emotional development.

1 (4) The combination of witnessing and experi-
2 encing traumatic events, poverty, alienation, and
3 multiple environmental and family factors including
4 abuse and neglect, creates greater psychological ne-
5 glect and social isolation, further contributing to
6 various mental health problems. The combination of
7 these factors in an emotionally unhealthy climate
8 combined with the availability of firearms can
9 produce deadly results.

10 (5) In many urban, poor and predominantly mi-
11 nority communities, young children are chronically
12 exposed to serious violent crime during their forma-
13 tive years. It is the recent school violence in subur-
14 ban and rural communities that has increased
15 awareness about the prevalence of violence in the
16 lives of America's children. Increasingly, in the
17 home, community and at school, children are af-
18 fected by or involved in theft, vandalism, bullying,
19 intimidation, intolerance, and disruption.

20 (6) While the above behaviors are symptomatic
21 of mental health problems requiring service interven-
22 tions, most children with mental health problems are
23 not violent to others. They are more likely than their
24 peers to be the recipients of intimidation and vio-

1 lence, and are the largest, most neglected group of
2 children suffering from serious illness or disability.

3 (7) Only one in five children with a serious
4 emotional disturbance receive mental health specialty
5 services, although twice as many such children re-
6 ceive some form of mental health intervention. Thus,
7 about 75 to 80 percent fail to receive specialty serv-
8 ices, and the majority of these children fail to re-
9 ceive any services at all.

10 (8) Mental health is indispensable to personal
11 well-being, family and interpersonal relationships,
12 and contribution to community or society. From
13 early childhood until death, mental health is the
14 basis for thinking and communication skills, learn-
15 ing, emotional growth, resilience, and self-esteem.

16 (9) Mental, emotional, and behavioral disorders
17 lead to irregular school attendance, difficulty with
18 concentration, focus, and motivation to learn basic
19 academic fundamentals.

20 (10) Prevention programs, early intervention,
21 help from the faith-based community, and mental
22 health services in the family, school, and community
23 setting have proven successful and cost-effective
24 using both school and community resources for re-

1 ducing the neglected tragedy of mental, emotional
2 and behavioral problems among youth.

3 (11) Mental health services personnel can pro-
4 vide consultation with teachers to improve classroom
5 environment and provide guidance around specific
6 children. Consulting with parents, they enable teach-
7 ers and families to work together, increasing the
8 family's involvement in their child's academic per-
9 formance and psychosocial development.

10 (12) The lack of mental health services in
11 schools and communities where the greatest need ex-
12 ists has resulted in a disproportionate increase in
13 children dropping out of school, becoming involved in
14 delinquent activity, and becoming part of the juve-
15 nile and adult criminal justice systems. In fact, be-
16 cause of the lack of intervention and mental health
17 services, more children are being certified to be tried
18 as adults and are being subjected to incarceration in
19 the juvenile or adult criminal justice systems. These
20 issues impact especially minority populations and
21 those living in poverty.

22 (13) Little effort has previously been directed
23 toward promoting the development of mental health,
24 recognizing signs of early problems and providing
25 early intervention to ameliorate these problems.

1 **SEC. 3. MENTAL HEALTH SERVICES FOR CHILDREN, ADO-**
2 **LESCENTS AND THEIR FAMILIES.**

3 Title V of the Public Health Service Act (42 U.S.C.
4 290aa et seq.) is amended by inserting after section 520A
5 the following section:

6 **“SEC. 520B. MENTAL HEALTH SERVICES FOR CHILDREN,**
7 **ADOLESCENTS AND THEIR FAMILIES.**

8 “(a) IN GENERAL.—In cooperation with the Sec-
9 retary of Education, the Secretary of Health and Human
10 Services shall support either directly or through grants,
11 contracts or cooperative agreements with public entities
12 programs to promote mental health among all children,
13 from birth through adolescence, and their families and to
14 provide early intervention services to ameliorate identified
15 mental health problems in children and adolescents.

16 “(b) EQUITABLE DISTRIBUTION OF GRANTS.—The
17 Secretary shall provide for an equitable distribution of
18 grants by region, to include urban, suburban and rural
19 regions, including Native American communities.

20 “(c) PRIORITY.—The Secretary shall give priority to
21 those applicants who—

22 “(1) provide a comprehensive, community-
23 based, culturally competent and developmentally ap-
24 propriate prevention and early intervention program
25 that provides for the identification of early mental
26 health problems and promotes the mental health and

1 enhances the resiliency of children from birth
2 through adolescence and their families;

3 “(2) incorporate families, schools and commu-
4 nities in an integral role in the program;

5 “(3) coordinate behavioral health care services,
6 interventions, and supports in traditional and non-
7 traditional settings and provides a continuum of care
8 for children from birth through adolescence and
9 their families;

10 “(4) provide public health education to improve
11 the public’s understanding of healthy emotional de-
12 velopment;

13 “(5) provide training, technical assistance, con-
14 sultation, and support for community service pro-
15 viders, school personnel, families and children to
16 promote healthy emotional development and enhance
17 resiliency in children from birth through adolescence;

18 “(6) increase the resources available to such
19 programs and provide for their sustainability by re-
20 quiring a commitment on the part of local commu-
21 nities in which the programs provide services;

22 “(7) provide for the evaluation of programs op-
23 erating under this section to ensure that they are
24 providing intended services in an efficient and effec-
25 tive manner; and

1 “(8) provide school-based mental health assess-
2 ment and treatment services conducted by a mental
3 health professional (who may be a school counselor,
4 school nurse, school psychologist, clinical psycholo-
5 gist, or school social worker) in public elementary or
6 secondary schools.

7 “(d) MATCHING REQUIREMENT.—A condition for an
8 award under subsection (a) is that the entity involved
9 agree that the entity will, with respect to the costs to be
10 incurred by the entity in carrying out the purpose de-
11 scribed in such subsection, make available (directly or
12 through donations from public or private entities) non-
13 Federal contributions toward such costs in an amount that
14 is not less than \$2 for each \$3 of Federal funds provided
15 in the award.

16 “(e) DURATIONS OF GRANTS.—With respect to an
17 award under subsection (a), the period during which pay-
18 ments under such award are made to the recipient may
19 not exceed 5 years.

20 “(f) EVALUATION.—The Secretary shall ensure that
21 entities receiving awards under subsection (a) carry out
22 an evaluation of the project which will include the effec-
23 tiveness of program strategies, and short, intermediate,
24 and long-term outcomes including the program’s overall
25 impact on strengthening families with young children and

1 creating environments in home, school, and community
2 settings that promote healthy emotional development and
3 reduce incipient mental health and substance abuse prob-
4 lems. Local educational agencies receiving such grants
5 shall ensure that the schools receiving these funds main-
6 tain an average ratio of one certified or licensed—

7 “(1) school counselor for every 250 students;

8 “(2) school nurse for every 700 students;

9 “(3) school psychologist for every 1000 stu-
10 dents; and

11 “(4) school social worker for every 800 stu-
12 dents.

13 “(g) DEFINITIONS.—For purposes of this section:

14 “(1) The term ‘mental health’ means a state of
15 successful performance of mental function, resulting
16 in productive activities, fulfilling relationships with
17 other people, and the ability to adapt to change and
18 cope with adversity.

19 “(2) The term ‘mental illness’ refers to all
20 diagnosable mental disorders (health conditions
21 characterized by alterations in thinking, mood, or
22 behavior or some combination thereof) associated
23 with distress or impaired functioning or both.

1 “(3) The term ‘mental health problems’ refers
2 to symptoms of insufficient intensity or duration to
3 meet the criteria for any mental disorder.

4 “(4)(A) The term ‘mental health professionals’
5 refers to qualified counselors, nurses, psychologists,
6 and social workers.

7 “(B) The terms ‘school counselor’, ‘school
8 nurse’, ‘school psychologist’, and ‘school social work-
9 er’ mean an individual who possesses licensure or
10 certification in the State involved, and who meets
11 professional standards for practice in schools and re-
12 lated settings, as a school counselor, school nurse,
13 school psychologist, or school social worker, respec-
14 tively.

15 “(5) The term ‘public entity’ means any State,
16 any political subdivision of a State, including any
17 local educational agency, and any Indian tribe or
18 tribal organization (as defined in section 4(b) and
19 section 4(c) of the Indian Self-Determination and
20 Education Assistance Act).

21 “(h) AUTHORIZATION OF APPROPRIATION.—There
22 are authorized to be appropriated to carry out this section
23 \$100,000,000 for fiscal year 2002 and such sums as are
24 necessary for fiscal years 2003 and 2004. These funds are
25 authorized to be used to carry out the provision of this

1 section and cannot be utilized to supplement or supplant
2 funding provided for other mental health services pro-
3 grams.”.

